Name in Full: Mrs Leathy Brewer

Certificate of Death

Died Near Town: Poolesville County: Montgomery MARYLAND

Date 1899 Month: Oct. Day: 9 | Age Y. 73. M. 8 D. | Native of | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living one

~~Husband~~ Wife of George Brewer

Father's Name George Young | Mother's Name Leathy Young

Cause of Death: Primary 42 | How long sick Sudden

Immediate Cerebral Hemorrhage | Accident, Suicide, Homicide

Reported by D. T. Walling

Address Poolesville, Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 88088

Name in Full Cooper

Certificate of Death

Died at Town Rockville County Montgomery MARYLAND

Date 189 Month Oct. Day 25th | Age Y. 2 M. 21 D. | Native of Maryland | Occupation None

Male / Female | White / Colored 1 | Married / Single 1 | Widow / Widower | Divorced | Number of children living

Husband / Wife of

Father's Name William Cooper

Mother's Name Adeline Cooper

Cause of Death: Primary Cold

Immediate Convulsions

How long sick One week

Accident, Suicide, Homicide

Reported by Edward Anderson M D

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Dora. Howes

Town County

Died at Unity. Montg. MARYLAND

Date 1899 Month Day Oct. 29 Age Y. M. D. 13 - 1 Native of Md Occupation S. of S. Sheriff

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

57

Father's Name Wm F. Howes

Mother's Name Cal - Howes

Cause of Death

Primary Organic disease of heart

Immediate Hypostatic congestion of lungs

How long sick about 2 years

~~Accident, Suicide, Homicide~~

Reported by Dr. Spurrier

Address Unity [redacted] RR Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full: Ella. Linthicum

Certificate of Death

Died at: Town: Rockville County: Montgy MARYLAND

Date 1899 Month: Oct Day: 7th Age Y.: X M.: X D.: 2 Native of: Md. Occupation: —

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single X Widow Widower X Divorced Number of children living X

Husband of Wife X

Father's Name: O.M. Linthicum

Mother's Name: Ella M. Linthicum

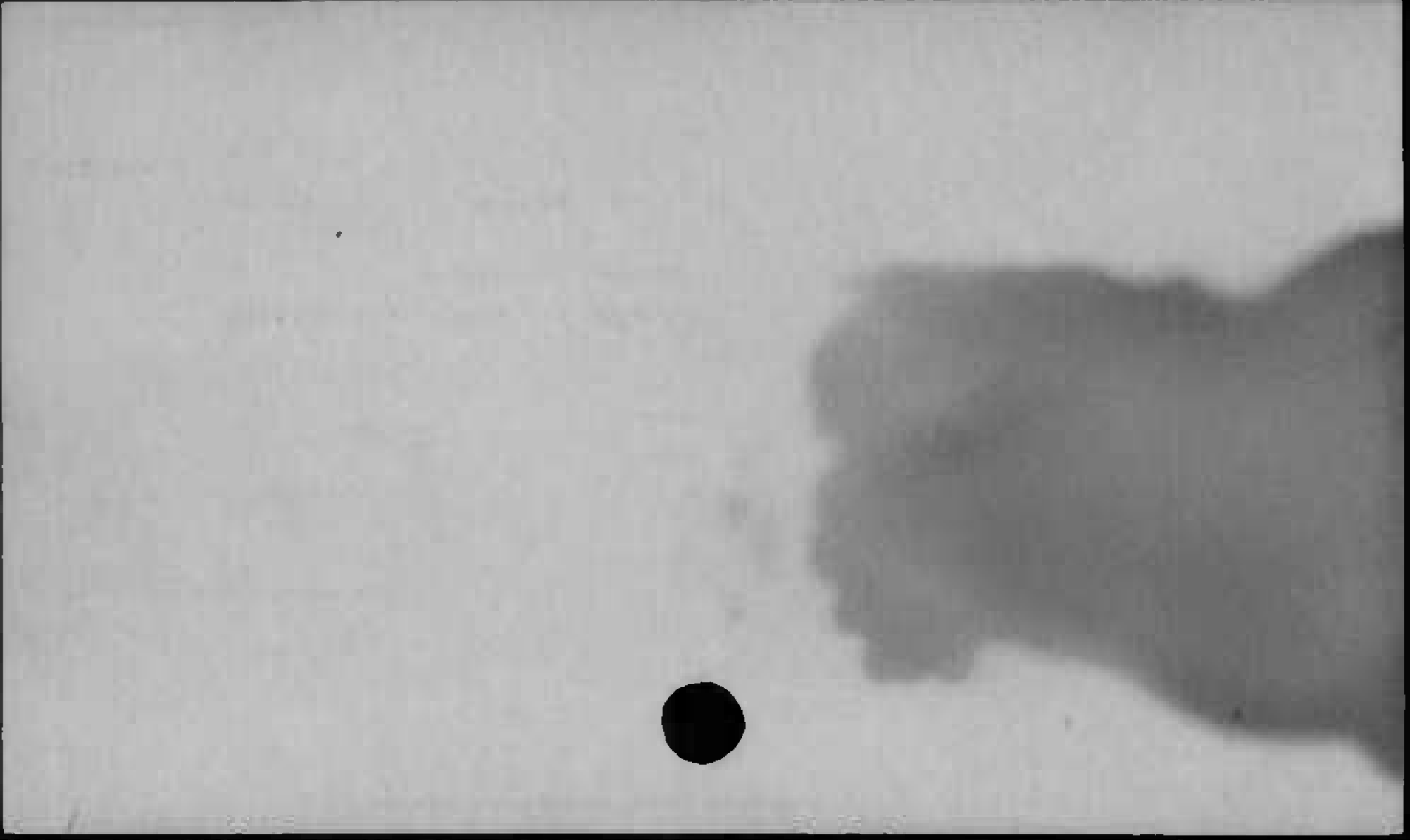
Cause of Death: Primary Immediate: Don't know 161

How long sick: X

Accident, Suicide, Homicide: X

Reported by: O.M. Linthicum

Address: Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65268